

Innovating for Improvement: Rationale for unsuccessful outline applications

<i>Projects that will not lead to direct benefits or impact on patients within the programme timescale of 15 months</i>	
Example	<p>These projects were doing interesting things – often in a health setting – but made no connection to how their project would have an impact on patients in relation to their health outcomes. For example:</p> <ul style="list-style-type: none"> • Redesigning or developing health processes or services • Community engagement and accessing treatment/services • Longer projects where the impact wouldn't be seen in 15 months • Projects focussed more on studying an issue instead of testing an innovation – we would expect that either the studying aspects are completed pre-application, or that the rest of the application would be very strong to demonstrate how it would be possible to do research, implementation and see an impact in 15 months • Projects that had no evidence of the health problem, or did not connect what they were proposing to do to address the problem • Projects where the intended impact (and primary focus) was not on direct health outcomes – for example, projects focussed solely on: patient experience; patient involvement and engagement; social care issues (inclusion, employment, offending, behaviour) • Projects where the intended impact (and primary focus) was related to organisation culture, staff wellbeing, or staff training – without a link to direct patient care in the timeframe • Measurement plan was vague or weak and so there was no demonstrable, intended impact on health outcomes • Longer projects where the impact wouldn't be seen in 15 months • Applications where the requested funding was not being used to support the intervention, eg the funding was for dissemination or evaluation only • Projects with a very small number of cases so did not present value for money for the Health Foundation • Very ambitious projects with a high risk that there would be no impact within the funding period
<i>Projects with a primary focus on <u>health or public health</u> as opposed to health care delivery</i>	
Example	<p>Primary focus on health promotion, screening and preventative activities where the project will not lead to direct benefits or impact on patients within the programme timescale of 15 months. For example:</p> <ul style="list-style-type: none"> • Projects unsuccessful in this category include public health, screening, prevention, and quality of life. • Projects where the majority of the budget is on non-health care costs eg gym membership. • Projects with a focus on healthier lifestyles as a preventative activity rather than addressing an existing health condition

Projects with a primary focus on <u>treatment methods and skills</u>	
Example	<ul style="list-style-type: none"> Projects focused more on testing a new treatment method rather than improving a service
Projects with a primary focus on <u>research</u> with limited direct benefit or impact on patients	
Example	<ul style="list-style-type: none"> Projects with a very small number of participants and therefore a limited health impact Measurement plans that were focussed only on parts of the intervention and didn't recognise patient outcomes or experience Projects that were not able to demonstrate that the intervention would have a direct impact on patient outcomes and were more focussed on adding to the evidence base and better understanding of an issue
Projects with a primary focus on <u>training</u> with limited direct benefit to or impact on patients	
Example	<ul style="list-style-type: none"> Projects where the focus was on training without any information on whether this was the right approach Projects where the focus was purely on staff development Projects delivering training on how to access services rather than on managing a condition
Projects with a primary focus on <u>technology or software development</u> with limited direct benefit to or impact on patients	
Example	<ul style="list-style-type: none"> Projects that demonstrated no clear link between the intervention and the problem, ie that did not explain why technology is the right solution to address the problem Projects working with a private company as a partner where their role is not clearly described and/or they are receiving a proportion of the funding (directly or indirectly), which is outside of our funding policy Projects where the only costs (or majority) in the budget were for technical costs Projects where the technology or software is not yet developed and there was a significant risk that the project wouldn't be able to demonstrate impact within 15 months Projects where the measurement plan focussed on the feasibility of the technology and not the impact on patients Projects working with a very small number of patients (which indicated feasibility as a primary outcome) and therefore there was a limited health impact Projects using technology to improve processes without a health impact
Projects that do not meet our descriptors for <u>innovation</u>	
Example	<ul style="list-style-type: none"> Projects that proposed a collection of interventions that are individually widely commissioned, without sufficient evidence to demonstrate the innovation of bringing them together as a package Evidence to support an innovation that did not meet one of our four descriptors – eg describing a project as innovative due to the geography of lead organisation or the scale of the intervention Services that are already widely commissioned Services that fit best practice guidelines, without a strong case to say why

	<p>this should still be considered innovative</p> <ul style="list-style-type: none"> • Interventions that were already running in the lead organisation and the project was intended to expand this – without sufficient evidence to say why this change was novel • Interventions that had already been tested in large-scale trials and the funding was to roll out • Interventions that had only minor adaptations from existing services
<i>Projects that request <u>funding</u> which does not meet our funding criteria</i>	
Example	<ul style="list-style-type: none"> • Projects where the only funding requested was for clinical or administrative posts to deliver an intervention without considerations for other aspects of the project, eg project management, clinical leadership, evaluation, data analytics, patient engagement • Projects with items in the budget that demonstrated the project was out of scope, such as capital purchase, medical equipment, or funding for a substantive post • A significant percentage of funding going to a private company

In addition, there were a number of projects that were rejected because of weak rationale or project planning:

<i>Projects with weak rationale or project planning</i>	
Example	<ul style="list-style-type: none"> • The application presented weak or anecdotal evidence of the problem, that wasn't clearly linked to the planned intervention • Applications that did not clearly explain either the aim of the project, what the intervention was, or what they were planning to do and when • Project plans significantly longer than the stated timeline of 15 months • Applications with budgetary concerns: where the budget was not well explained, often not in the requested format, often requesting a very low amount (under £20K) or very high amount (above the limit of £75K) • Previous applicants that had not addressed earlier concerns • Incomplete applications, or applications significantly below the word count